FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

| OMB APPROVAL | | | | | |
|------------------|-------|-------------------------|--|--|--|
| OMB Num | | 3235-0076 | | | |
| Expires: | Apr | il 30,2008 ge burden | | | |
| Estimated | avera | ge burden | | | |
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| SEC USE ONLY | | | | | | |
|---------------|--------|--|--|--|--|--|
| Prefix | Serial | | | | | |
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| DATE RECEIVED | | | | | | |
| 1 | 1 | | | | | |

| UNIFORM | I LIMITED OFFERING EXEM | PTION |
|---|--|--|
| Name of Offering (check if this is an amendment VICTORIA ENERGY - HUDSON 2H JOINT VEN | and name has changed, and indicate change.) ITURE | |
| Filing Under (Check box(es) that apply): Rule 50 Type of Filing: New Filing Amendment | 04 | □ ULOE |
| | A. BASIC IDENTIFICATION DATA | OCT C SOOF |
| 1. Enter the information requested about the issuer | | DC 1 18 2000 |
| Name of Issuer (check if this is an amendment and VICTORIA ENERGY CORPORATION | I name has changed, and indicate change.) | 185 |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1515 HERITAGE DRIVE, SUITE 103, MCKINNE | Y, TX 75069 | 972-562-8855 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business | ************************************** | |
| OIL & GAS JOINT VENTURE WORKING INTER | RESTS | |
| · | urtnership, already formed other (p | OCT 2 0 2005 THOMSON |
| Actual or Estimated Date of Incorporation or Organizati Jurisdiction of Incorporation or Organization: (Enter tw CN for | | mated FINANCIAL |
| GENERAL INSTRUCTIONS | | |
| Federal: Who Must File: All issuers making an offering of securiti 77d(6). | es in reliance on an exemption under Regulation D | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 d | ays after the first sale of securities in the offering | . A notice is deemed filed with the U.S. Securities |

and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| 2. Enter the information r | - | llowing: suer has been organized w | eithin the next five vector | | |
|--|-----------------|--|---|--------------------|---|
| | | | | of 10% or more o | f a class of equity securities of the issue |
| | | | corporate general and man | | |
| | | of partnership issuers. | | | , |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, SMITH, ROYCE | if individual) | | | | |
| Business or Residence Addre 1515 HERITAGE DRIVE | | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, SMITH, MICHAEL | if individual) | | | | |
| Business or Residence Addre | | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, SCHIFFERLE, ALLAN | if individual) | | The second se | | |
| Business or Residence Addre | | Street, City, State, Zip Co KINNEY, TX 75069 | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, LEAVERTON, MATT | f individual) | | | | |
| Business or Residence Addre 1515 HERITAGE DRIVE | , | Street, City, State, Zip Co CKINNEY, TX 75069 | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, MASSEI, MARK | f individual) | | | | |
| Business or Residence Addre 1515 HERITAGE DRIVE | | Street, City, State, Zip Co CKINNEY, TX 75069 | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | · | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | |
| | (Use bla | nk sheet, or copy and use | additional copies of this s | heet, as necessary |) |

A. BASIC IDENTIFICATION DATA

| | | | | | B. 1 | NFORMAT | ION ABOU | T OFFERI | NG | | | | > |
|-----------|---|---|--|---|--|--|--|--|---|----------------------------|------------------------------|----------------------|----------------------|
| 1. | Has the | issuer solo | d, or does th | ne issuer in | ntend to se | ll, to non-a | ccredited i | nvestors in | this offer | ing? | | Yes | No |
| - | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | End. | | | | | | |
| 2. | | | | | | | | \$_12,000.00 | | | | | |
| 2 | Dogg th | a afforina | permit join | . a.v.marahi | n afa sina | 10 vmi+9 | | | | | | Yes | No |
| 3. 4. | | | tion request | | | | | | | | | X | |
| 7. | commis If a pers or state | ssion or sim son to be lis s, list the na | ilar remune ited is an ass ame of the b you may s | ration for s ociated pe roker or de | solicitation erson or age ealer. If mo | of purchase nt of a brok ore than five | ers in conne ter or deale e (5) persor | ection with r registered is to be list | sales of sec I with the S ed are asso | curities in t EC and/or | he offering. with a state | | |
| Ful N/ | | Last name | first, if indi | vidual) | | | | | | | | | |
| | | Residence | Address (N | umber and | d Street, Ci | ty, State, Z | (ip Code) | | | | <u></u> | | |
| | | | 1 D | | | | | | | | | | |
| Nai | me oi As | sociated Bi | roker or De | aler | | | | | | | | | |
| Sta | | | Listed Has | | | | | | *** | | | | |
| | (Check | "All States | s" or check | individual | States) | •••• | | ************** | | ••••••• | | ☐ All | States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Ful | l Name (| Last name | first, if indi | vidual) | | | a De v a | | | | | | , |
| Bus | siness or | Residence | Address (1 | lumber an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Nar | ne of As | sociated Bi | oker or Dea | aler | | | | <u></u> | | | | | |
| Sta | | | Listed Has | | | | | | | | | | |
| | (Check | "All States | s" or check | individual | States) | | | | •••••• | | , | | States |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Ful | l Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bus | siness or | Residence | Address (1 | lumber an | d Street, C | ity, State, | Zip Code) | | - | | . | | |
| Nai | ne of As | sociated Bi | roker or De | aler | | | | | S. II Se common manifest | | | | |
| Sta | tes in Wi | hich Persor | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check "All States" or check individual States) | | | | | | | | States | | | | |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and | | | |
|----|--|---|----------|--------------------------------------|
| | already exchanged. Type of Security | Aggregate Offering Price | | Amount Already Sold |
| | | | | |
| | Debt | *************************************** | | |
| | Equity | \$ | | \$ |
| | Common Preferred | | | |
| | Convertible Securities (including warrants) | \$ | | \$ |
| | Partnership Interests | \$ 288,000.00 | | \$_120,000.00 |
| | Other (Specify) | | | |
| | Total | \$ 288,000.00 | | \$_120,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | Anguarata |
| | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 8 | | \$ 120,000.00 |
| | Non-accredited Investors | | _ | \$ |
| | Total (for filings under Rule 504 only) | | _ | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | _ | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | |
| | Type of Offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | - | \$ |
| | Regulation A | | _ | \$ |
| | Rule 504 | | _ | \$ |
| | Total | | | \$ 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | [| | \$ |
| | Printing and Engraving Costs | <u>[</u> | <u> </u> | \$_1,500.00 |
| | Legal Fees | | 7 | \$_2,000.00 |
| | Accounting Fees | _ | 7 | § 500.00 |
| | Engineering Fees | | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | _ 7 | \$ |
| | Other Expenses (identify) | <u>.</u> | 7 | \$ 3,000.00 |
| | Total | _ | 7 | \$ 7,000.00 |

| <u> </u> | C. OFFERING I RICE, NOM | DER OF HIVESTORS, EXPENSES AND USE OF F | NOCEEDS | |
|----------|--|--|--|-------------------------------|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." | | | \$281,000.00 |
| 5. | Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | | |
| | Purchase of real estate | • | | |
| | Purchase, rental or leasing and installation of mac and equipment | hinery | - | |
| | Construction or leasing of plant buildings and fac- | | | |
| | Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger) | ts or securities of another | ¬\$ | ⋈ \$ 175,241.00 |
| | Repayment of indebtedness | | | □\$ |
| | Working capital | | \$ 20,459.00 | \$ |
| | Other (specify): Drilling/testing/completion over | ages | \$ | \$_57,600.00 |
| | | | | |
| | Column Totals | | \$ 40,059.00 | № \$ <u>240,941.00</u> |
| | Total Payments Listed (column totals added) | Ø \$_28 | 31,000.00 | |
| | | D. FEDERAL SIGNATURE | | |
| ig | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | nish to the U.S. Securities and Exchange Commis | sion, upon writte | |
| SSI | uer (Print or Type) | Signature 0 | Date | |
| Vic | otoria Energy Corporation | Lange & append | 10/11/05 | |
| Vai | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| łoy | ce D. Smith | President | | |
| | | ************************************** | | |

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)